

Name  
in  
Full

Martin Earl Austin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

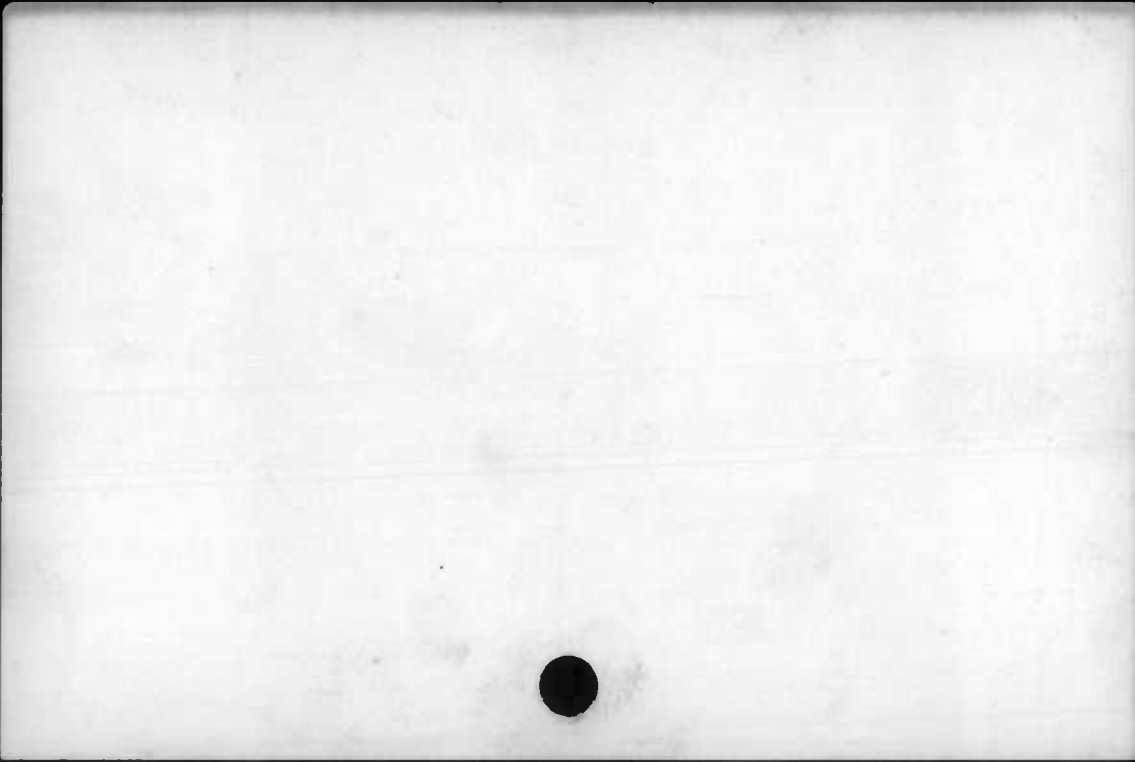
Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> <sup>Month</sup>	<i>1st</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ridgely</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Sam'l. Austin</i>			Father's Birthplace <i>Queen Anne's Co.</i>		
Mother's Maiden Name <i>Lilly Rimmer</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Sam'l. Austin</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long <i>2 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. C. Madara</i>
		Address <i>Ridgely Md.</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

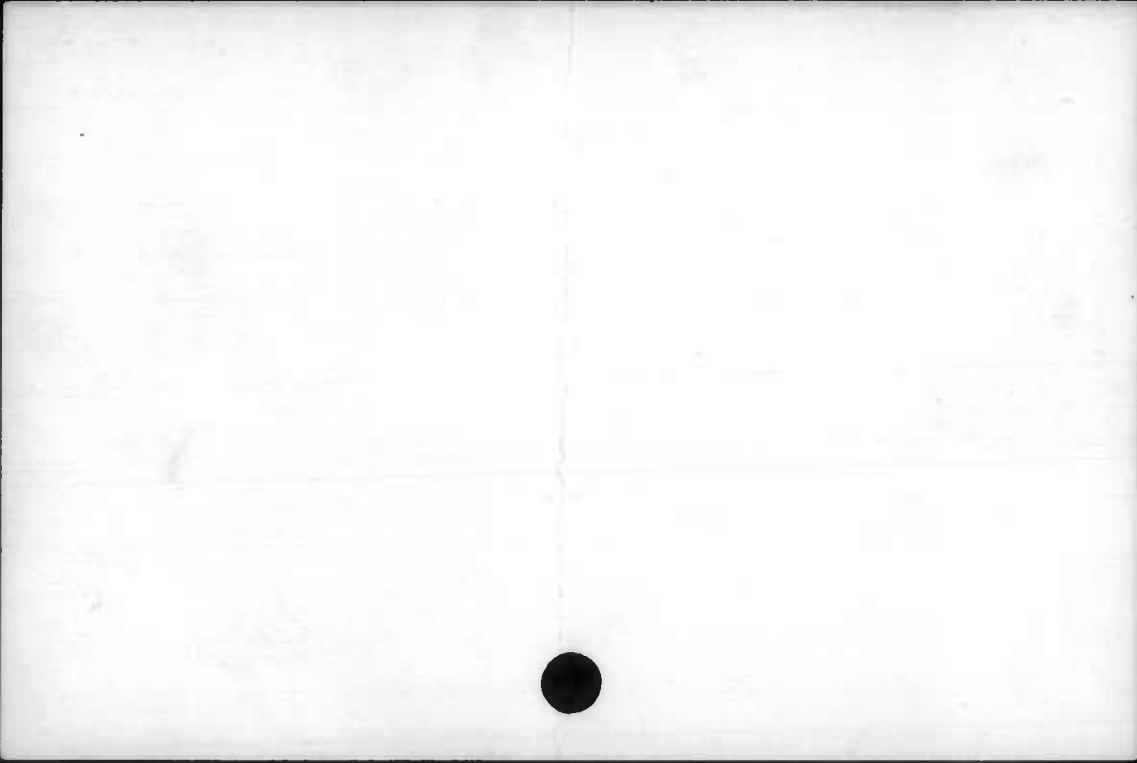
Name in Full <i>James B Bradley</i>		Town <i>Mr Hyman</i>		County <i>Coraline</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>25</i>		Years <i>60</i>	
Date of death 190		Month <i>17</i>		Day <i>25</i>		Months <i>5</i>	
Age <i>60</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Labrork</i>				Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Wellbaum</i>					
Father's Name <i>William Bradley</i>				Father's Birthplace <i>Worcester Co.</i>			
Mother's Maiden Name <i>Rhoda Collins</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Martha Bradley</i>				How related to deceased <i>Wife.</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>5</i>	
Immediate <i>Heart Failure.</i>		How long <i>few days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Moore</i>	
		Address <i>Preston</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary A. Carmine

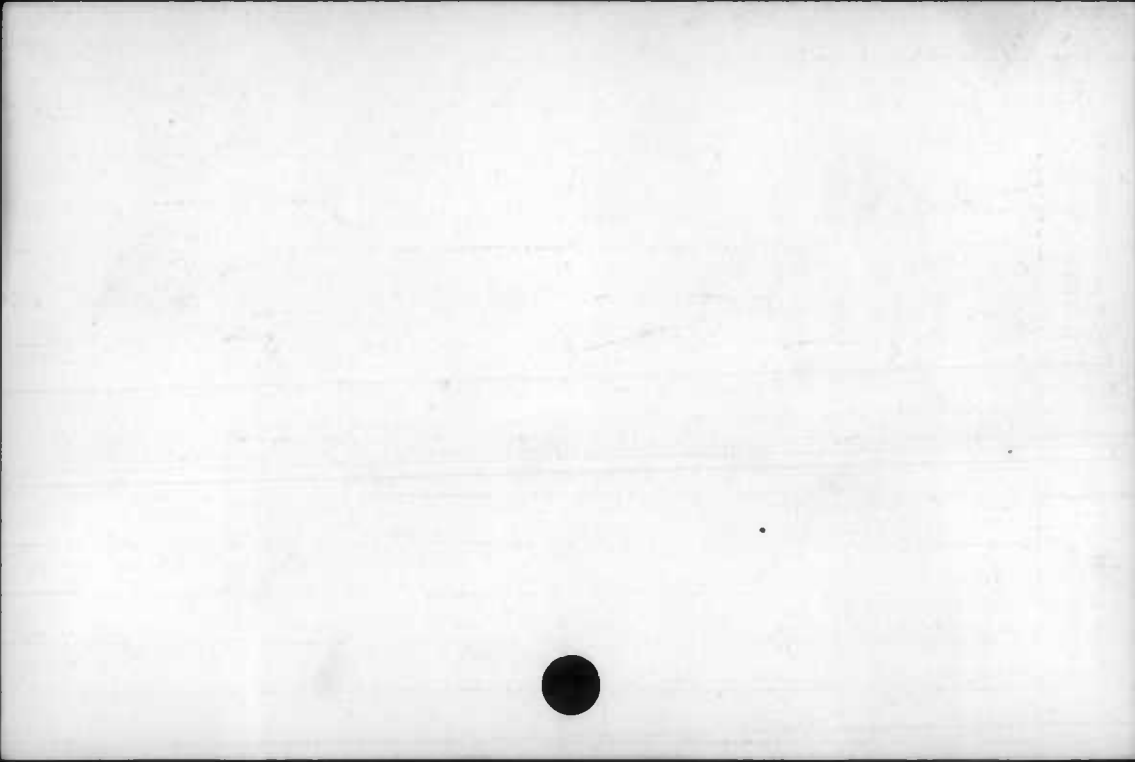
Died at <i>M. Preston</i>		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>12</i>	Day <i>13</i>	Age <i>67</i>	Years	Months <i>3</i>	Days <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Near Preston</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles S. Carmine</i>					
Father's Name <i>John D. Farguherson</i>		Father's Birthplace <i>Mo.</i>					
Mother's Maiden Name <i>Emily Coughton</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>G. L. Carmine</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long <i>9</i>
Immediate	<i>Uremic Poisoning</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Downes</i>
		Address <i>Preston</i>
Accident or Suicide? <input type="checkbox"/>		



Name  
in  
Full

John Thomas Fleetwood

## CERTIFICATE OF DEATH

Town

County

Died at

Federalsburg.

Caroline

MARYLAND

Date

of death 1908

Month

12

Day

5

Years

Age

68

Months

10

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Sussex Co. Del.

Occupation

Retired Farmer.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Fleetwood.

Father's  
Name

Issac Fleetwood.

Father's  
Birthplace

Sussex Co. Del.

Mother's  
Maiden Name

Sarah

Mother's  
Birthplace

" " "

Name of person giving  
Information

Frederick Fleetwood.

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Pneumonia

How long

93  
7 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

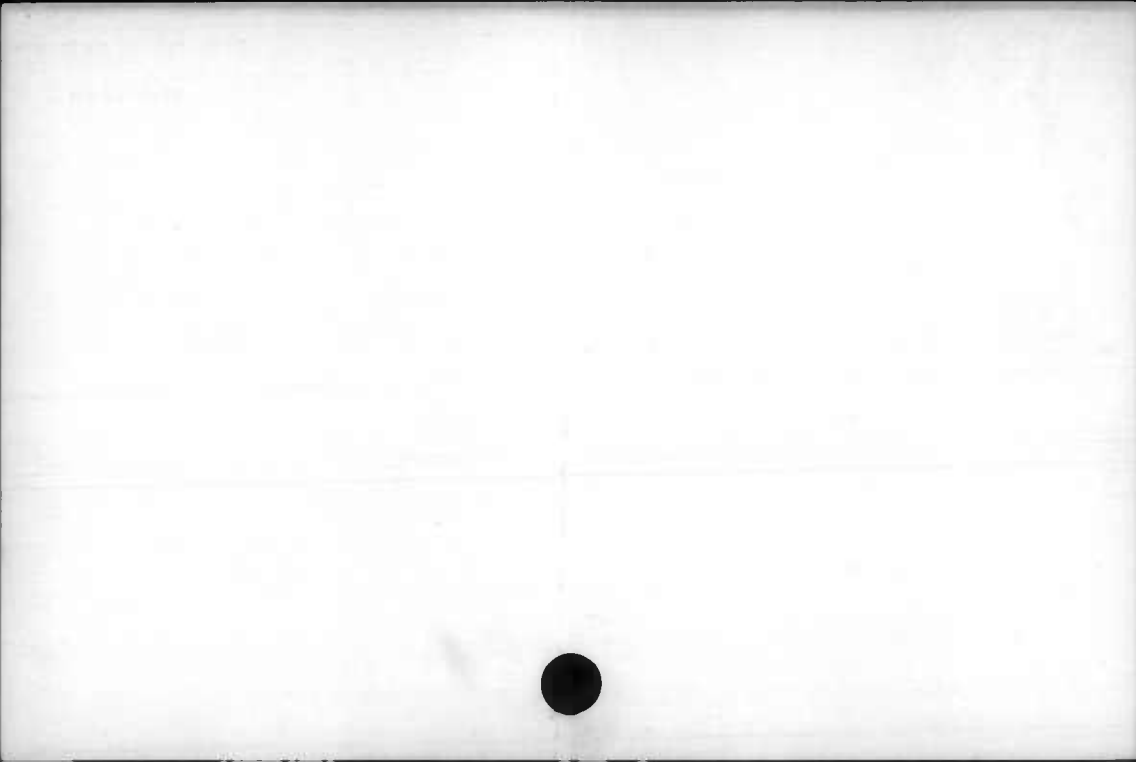
Signature of  
Physician

Address

R. L. Jefferson  
Federalsburg  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

William H. Griffin

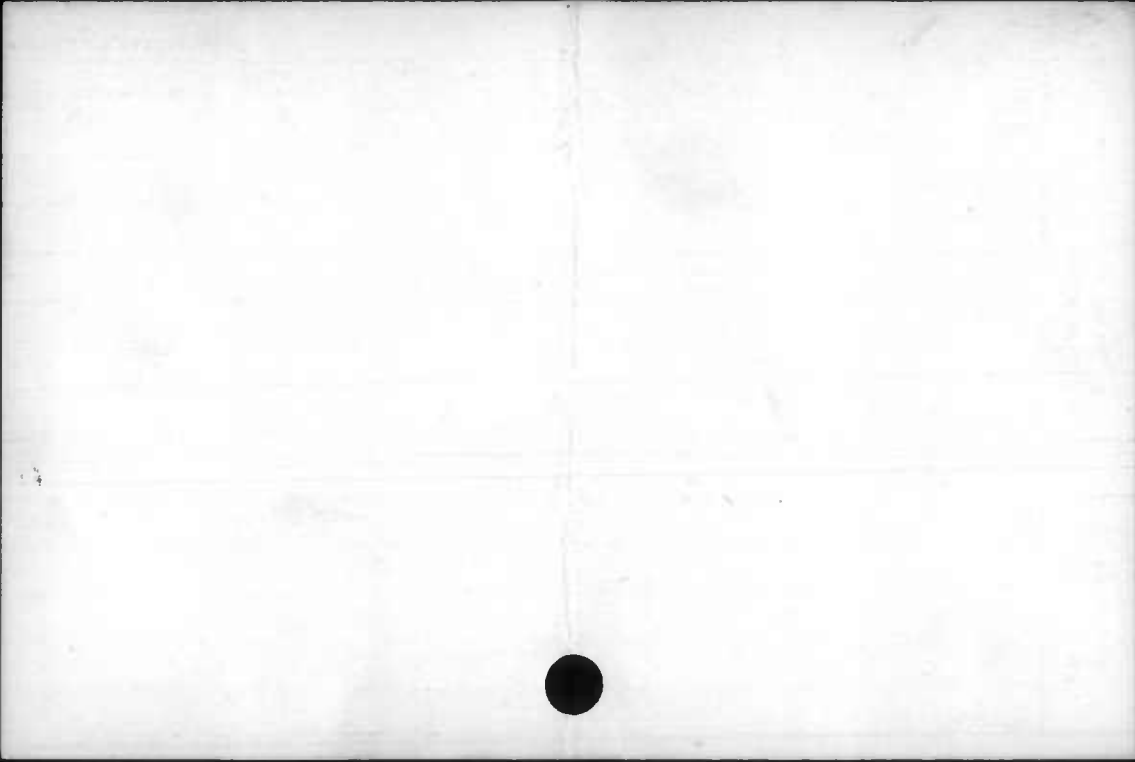
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Near Hynson</i>		<sup>County</sup> <i>Caroline</i>		<b>MARYLAND</b>	
Date of death	<sup>Month</sup> <i>Dec</i>	<sup>Day</sup> <i>20</i>	<sup>Years</sup> <i>64</i>	<sup>Months</sup>	<sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Caroline Co.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Emma Griffin</i>			
Father's Name	<i>Thomas Griffin</i>			Father's Birthplace	<i>Caroline Co.</i>
Mother's Maiden Name	<i>Lydia Chance</i>			Mother's Birthplace	<i>Caroline Co.</i>
Name of person giving Information	<i>Emma Griffin.</i>			How related to deceased	<i>Wife.</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Cancer Liver</i>	<b>40</b>	How long	<i>3 months.</i>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>F. S. Brooks</i>	
		Address	<i>Federalsburg Maryland.</i>		
	Accident or Suicide				



Name  
in  
Full

Boscow Henry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County,		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>19</u>	Age <u>45</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Carroll Co.</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>In Philadelphia</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ana Henry</u>				
Father's Name <u>Sylvester Henry</u>	Father's Birthplace <u>Adams Md.</u>				
Mother's Maiden Name <u>Dora Turner</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Jesse Holmes</u>		How related to deceased <u>Wife</u>			

## CAUSES OF DEATH

79

How long

6 mos

How long

2 wksPHYSICIAN  
OR CORONER

Primary <u>Mitral Stenosis</u>	
Immediate <u>Disease of Heart</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	

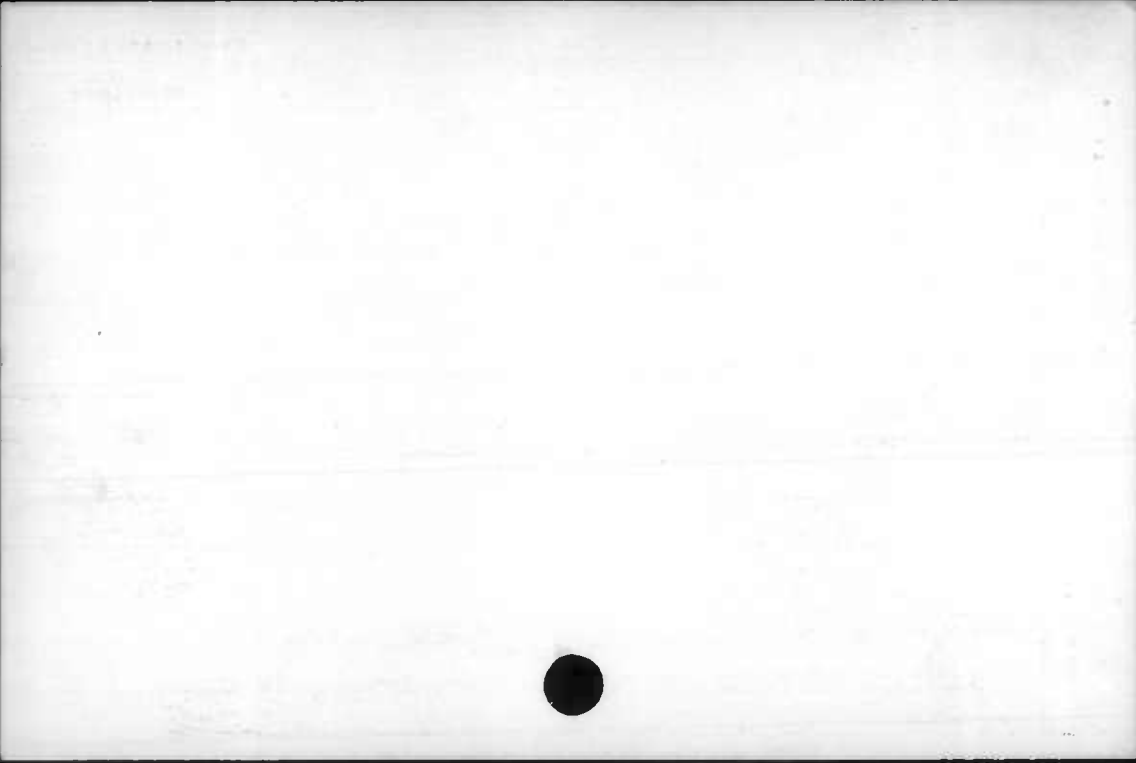
Signature of Physician

J. M. Nichols

Address

Denton Md.

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

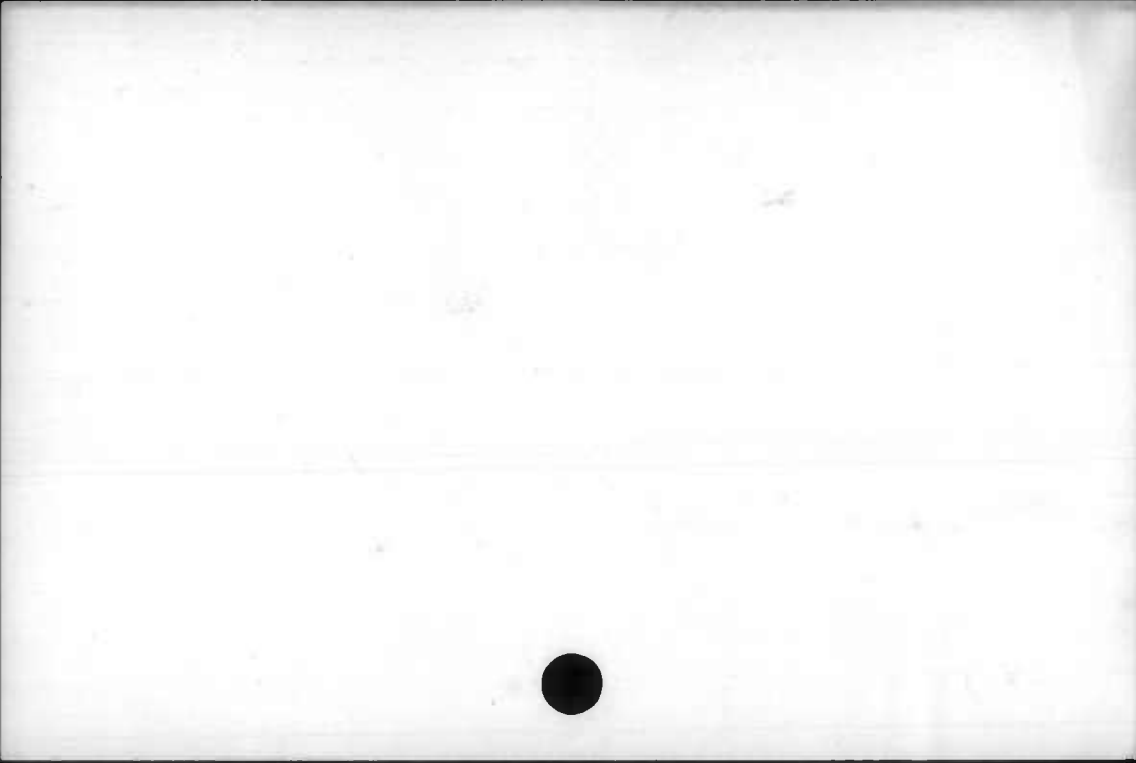
Died at <i>Princeton</i>		Town <i>Princeton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month	Dec	Day	16	Age	—
Sex	Female	Color or Race	Black	Birthplace	Princeton Md	Months	Days
Occupation	—			Where Residing if not at place of death		—	
Married, Single or Widowed	—			Name of Wife or Husband		—	
Father's Name	William W. Hoofn			Father's Birthplace		Dor. Co. Md.	
Mother's Maiden Name	Carrie Nichols			Mother's Birthplace		Caroline Co Md.	
Name of person giving Information	William W. Hoofn			How related to deceased		Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature Birth, Lagrippe of mother at 7 mo		How long	pregnancy
Immediate	Doubt known		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. A. Robt W
			Address	Princeton Md.
Accident or Suicide				



CERTIFICATE OF DEATH

Died at *Goldsburo* <sup>Town</sup> *Caroline* <sup>County</sup>  
 Date of death *1908 Dec* <sup>Month</sup> *16* <sup>Day</sup> *66* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex *Male* Color or Race *Black* Birth-place *Maryland*  
 Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Nancy Mason*  
 Father's Name *Thomas Mason* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Hester* Mother's Birthplace *Maryland*  
 Name of person giving information *Nancy Mason* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Heart Trouble*

How long *79*

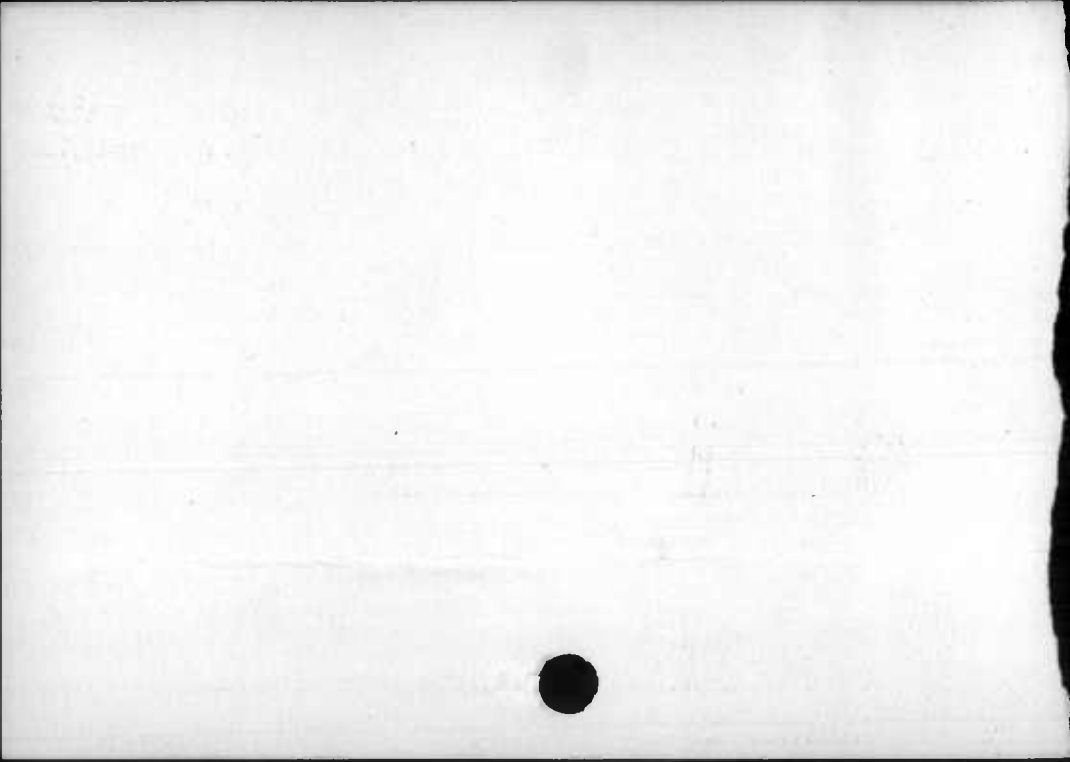
Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W F Cooper Justice of Peace*  
 Address *Goldsburo Maryland*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

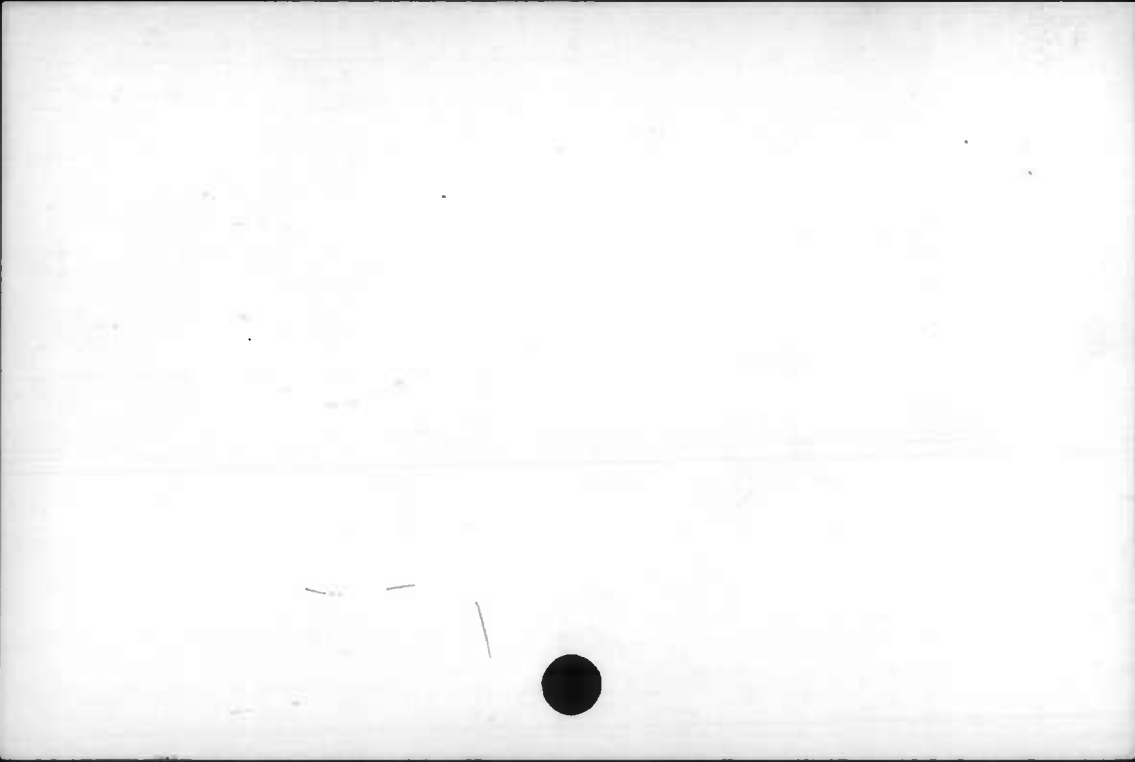
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James H. Ross</i>		Town <i>near Howling Creek</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec</i>	Day <i>2</i>	Age <i>65</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>New Howling Creek Md</i>			
Occupation <i>Veterinary Surgeon</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary A. Ross</i>					
Father's Name <i>Henry H. Ross</i>		Father's Birthplace <i>Downes Md</i>					
Mother's Maiden Name <i>Margaret A. Downes</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Mrs James H. Ross</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary	<i>Pneumonia &amp; Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate	<i>Phthisis</i>	How long <i>6 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Noble M.D.</i>
		Address <i>Preston Md</i>
Accident or Suicida		

PHYSICIAN  
OR CORONER



Name  
in  
Full

William John Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Chestnut Grove <sup>County</sup> Caroline

MARYLAND

Date of death 1908 Month 12 Day 4 Age 1 Months 6 Days

Sex male Color or Race white Birth-place near Federalsburg, Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Frederick Scott Father's Birthplace Caroline Co. Md.

Mother's Maiden Name Lena Wilson Mother's Birthplace " " "

Name of person giving Information Frederick Scott. How related to deceased Father.

Accidental.

## CAUSES OF DEATH

166

Primary fall on head How long 1 day

Immediate Fracture base of brain How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. Kemp Jefferson

Address Federalsburg Md.

Accident or Suicide Accident.

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

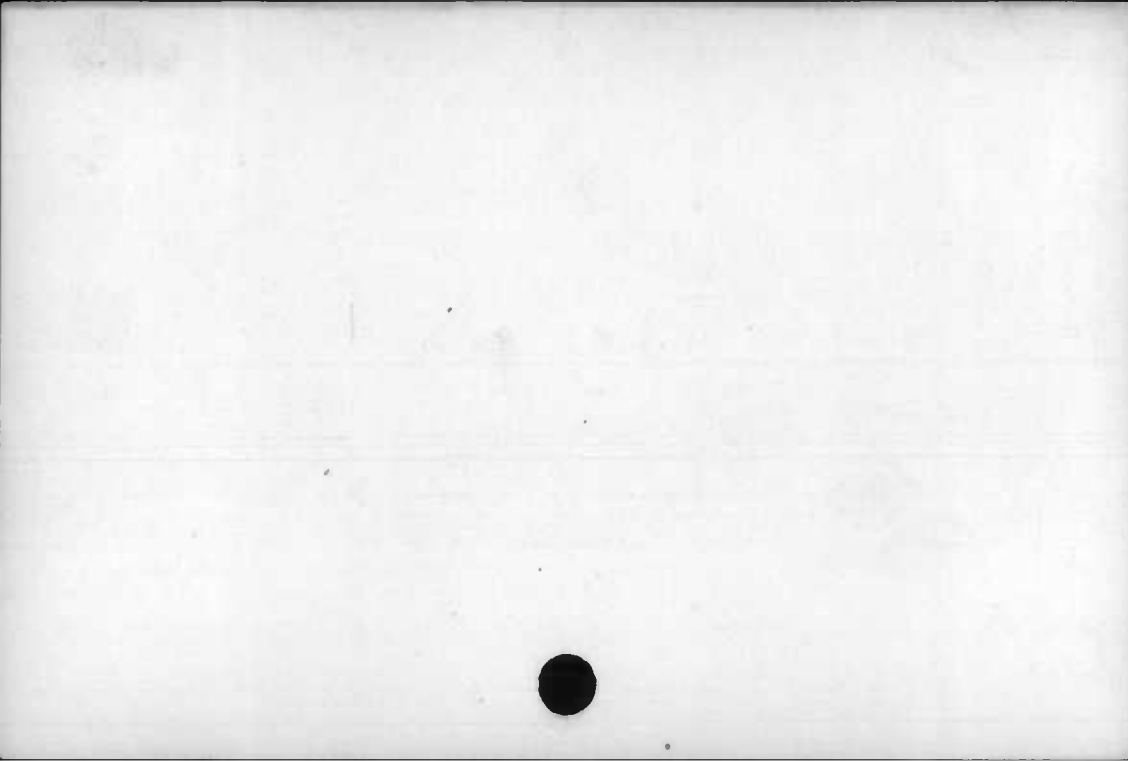
MARYLAND

Died at <sup>Town</sup> <i>Ridgely</i>		<sup>County</sup> <i>Caroline</i>	
Date of death	1908	Month	<i>Dec.</i>
		Day	<i>8th</i>
Age	<i>48</i>	Years	
		Months	
		Days	
Sex	<i>Male</i>	Color or Race	<i>White</i>
Birth-place	<i>Maryland.</i>		
Occupation	<i>Carpenter</i>		Where Residing if not at place of death
<input checked="" type="checkbox"/> Single	<i>Single</i>	Name of Wife or Husband	<i>none.</i>
Father's Name	<i>John Snow</i>		Father's Birthplace
			<i>Maryland.</i>
Mother's Maiden Name	<i>Catherine Anthony.</i>		Mother's Birthplace
			<i>Maryland.</i>
Name of person giving information	<i>H. W. Smith.</i>		How related to deceased
			<i>Brother-in-law.</i>

## CAUSES OF DEATH

(27)

Primary	<i>Tuberculosis Pulmonalis.</i>	How long	<i>Two years.</i>
Immediate	<i>Asphyxiation.</i>	How long	<i>One hour.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. M. Carving M.D.</i>
		Address	<i>Ridgely Md.</i>
<i>Accident or Poisoning</i>			



Name  
in  
Full

Mary S. Stanford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died *at* *new* <sup>Town</sup> *Hillsboro* <sup>County</sup> *Caroline* **MARYLAND**

Date of death 190 *9* <sup>Month</sup> *Dec.* <sup>Day</sup> *28* Age *1* <sup>Years</sup> *1* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *Black* Birth-place *Phila. Pa.*

Occupation *child* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harry Stanford* Father's Birthplace *24 yrs*

Mother's Maiden Name *Laura Harris* Mother's Birthplace *20 yrs*

Name of person giving Information *Harry Stanford* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Capillary Bronchitis* <sup>How long</sup> *1 week.*

Immediate *Failure of respiration* <sup>How long</sup> *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Brown*

Address *Hillsboro Md*

Accident or Suicide *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Henderson* <sup>Town</sup>*Caroline* <sup>County</sup>Date of death *1908* <sup>Month</sup> *dec* <sup>Day</sup> *19*Age *69* <sup>Years</sup>Months *7*Days *3*Sex *male*Color or Race *Colored*Birth-place *Englisid*Occupation *Farmer*Where Residing if not at place of death *near Henderson*Married, Single or Widowed *Married*Name of Wife or Husband *Rachel A Sudler*Father's Name *Doloman Sudler*Father's Birthplace *Caroline Co*Mother's Maiden Name *Harnett A Sudler*Mother's Birthplace *Englisid*Name of person giving information *Rachel A Sudler*How related to deceased *wife*

## CAUSES OF DEATH

179

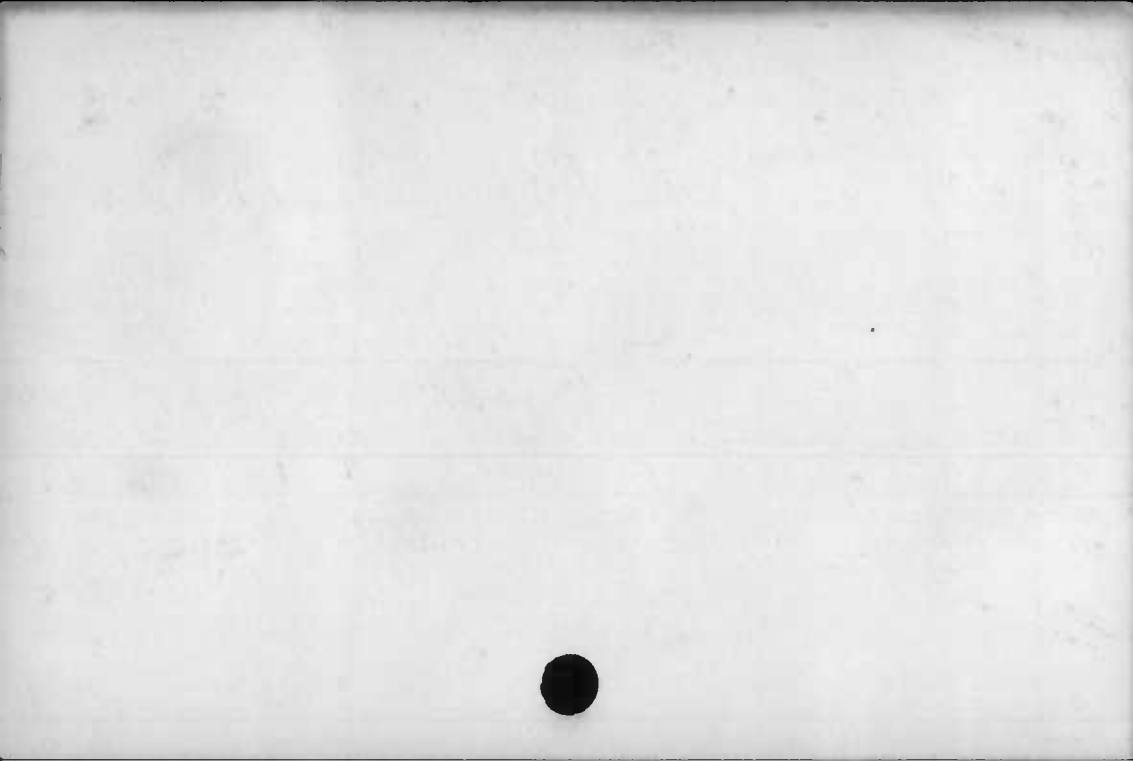
PHYSICIAN  
OR CORONERPrimary *Natural Causes*How long *several years*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *William G Smith* *Coroner*Address *Marydel* *md*

Accident or Suicide?



Name  
in  
Full

Mary Ellen Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

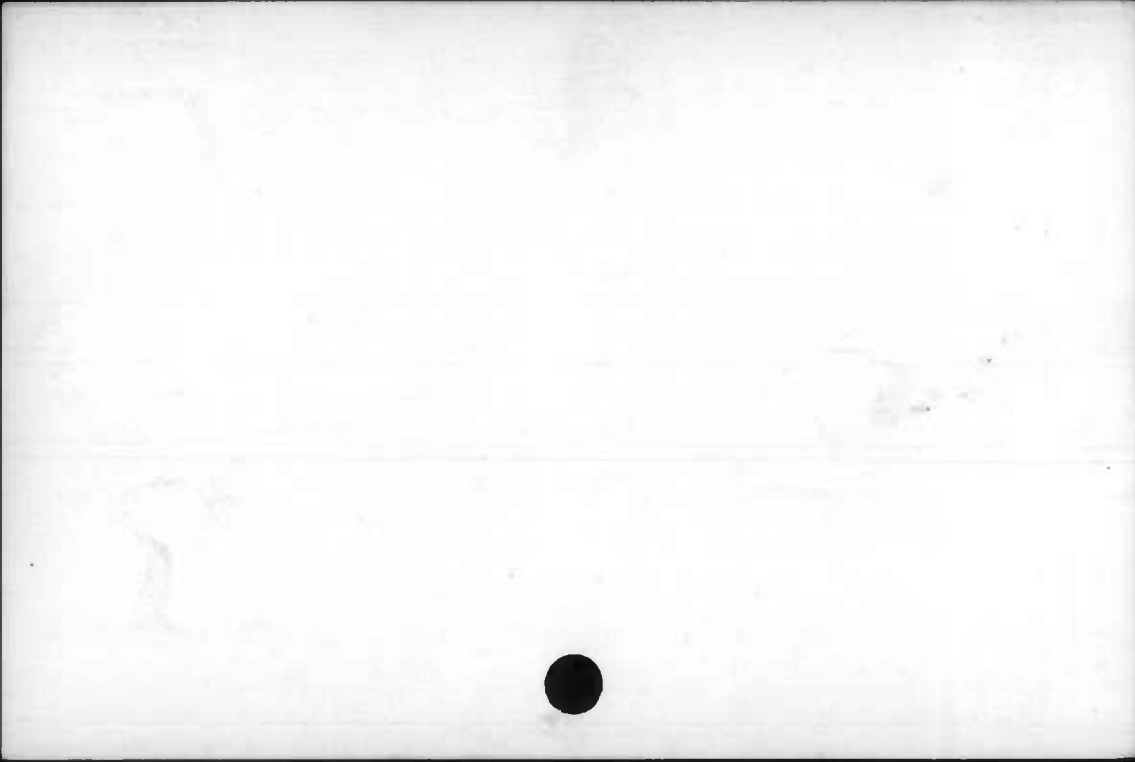
Died at		Town Denton		County Caroline		MARYLAND	
Date of death		1908	Month Dec.	Day 29	Age 79	Years	Months —
Sex Female		Color or Race Colored		Birth- place Maryland.		Days —	
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Widow		Name of Wife or Husband William Walter Thomas					
Father's Name Warner Esarner		Father's Birthplace Don't know					
Mother's Maiden Name Clementina Downes		Mother's Birthplace Md.					
Name of person giving Information W. W. Thomas,		How related to deceased Son.					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Age.	How long	as above
Immediate	Heart - Dropsy	How long	?
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes -		G. W. Simmons	
		Address Denton.	
Accident or Suicide			



Name  
in  
Full

John Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

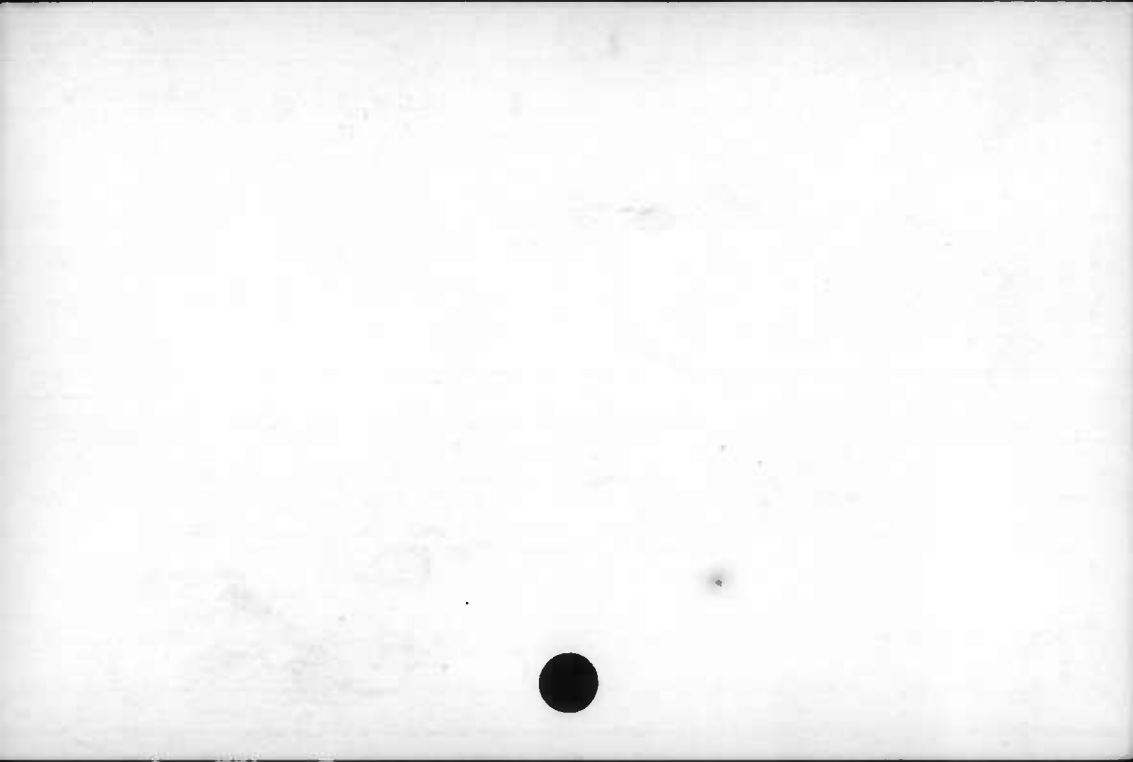
Died at		Town N. Preston		County Boschier		MARYLAND	
Date of death		1908	Month 12	Day 28	Age	Years	Months 25
Sex male		Color or Race colored		Birth- place Md			
Occupation none				Where Residing if not at place of death same			
Married, Single or Widowed		Single		Name of Wife or Husband none			
Father's Name unknown				Father's Birthplace unknown			
Mother's Maiden Name Mary Thomas				Mother's Birthplace Md			
Name of person giving Information Robt Conway				How related to deceased nephew			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Tubercular Peritonitis		How long	7
Immediate	unknown		How long	3
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Raymond Downes		
		Address Preston		
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

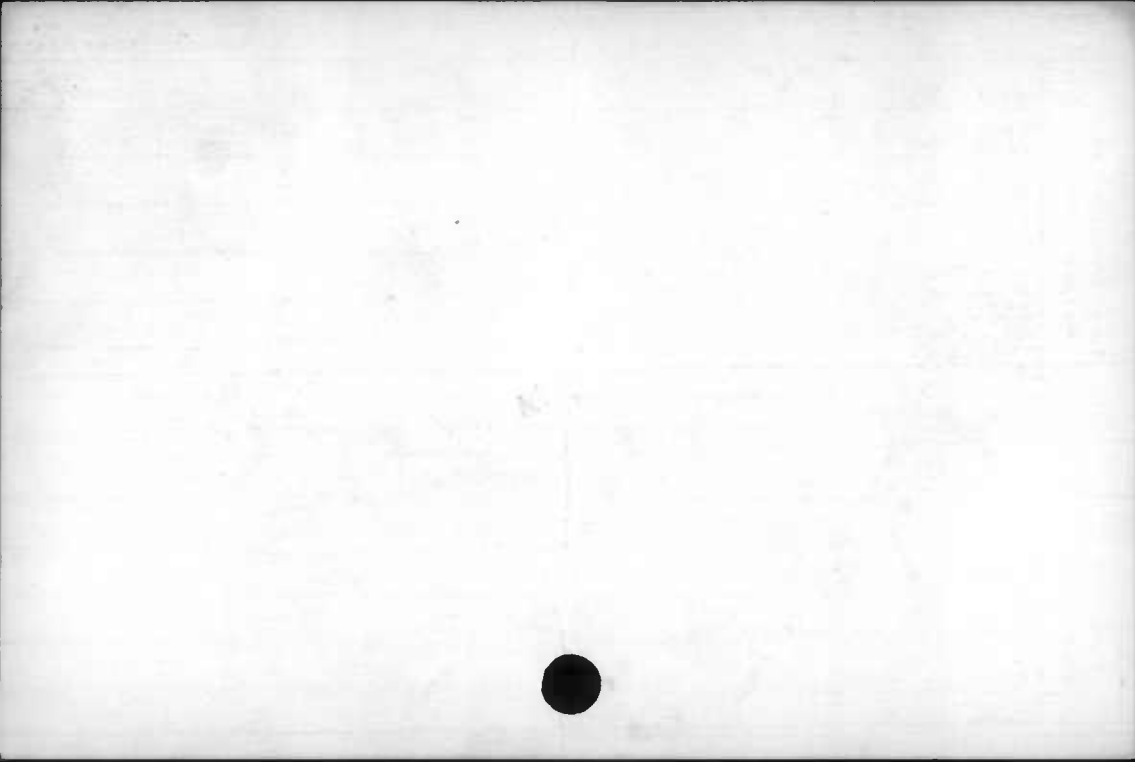
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Alexander Truxon</b>		Town <b>American Corner</b>		County <b>Caroline</b>		State <b>MARYLAND</b>	
Died at <b>American Corner</b>		Month <b>Dec.</b>		Day <b>3</b>		Years <b>66</b>	
Date of death <b>1908</b>		Month <b>Dec.</b>		Day <b>3</b>		Age <b>66</b>	
Sex <b>Male</b>		Color or Race <b>6 colored.</b>		Birth-place <b>Caroline Co.</b>			
Occupation <b>Farmer.</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Betty Williams</b>					
Father's Name <b>Hugh Truxon</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Unknown</b>		Mother's Birthplace <b>Unknown</b>					
Name of person giving Information <b>Numbers Truxon</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Acute Dilatation Heart</b>	How long <b>1 week.</b>
Immediate <b>Yes.</b>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <b>F. J. Brooks.</b>
	Address <b>Federalburg, Md.</b>
Accident or Suicide	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Wesley Warner*

Town *Greensboro* County *Caroline* MARYLAND

Died at *Greensboro*

Date of death *1908* Month *Dec* Day *29* Age *29* Months *8* Days *3*

Sex *Male* Color or Race *Black* Birth-place *Caroline, Co. Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Georgiana Warner*

Father's Name *Thomas Warner* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Mary Wilkinson* Mother's Birthplace *" "*

Name of person giving Information *Thos Warner* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONERPrimary *Tuberculosis*How long *6 mo.*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

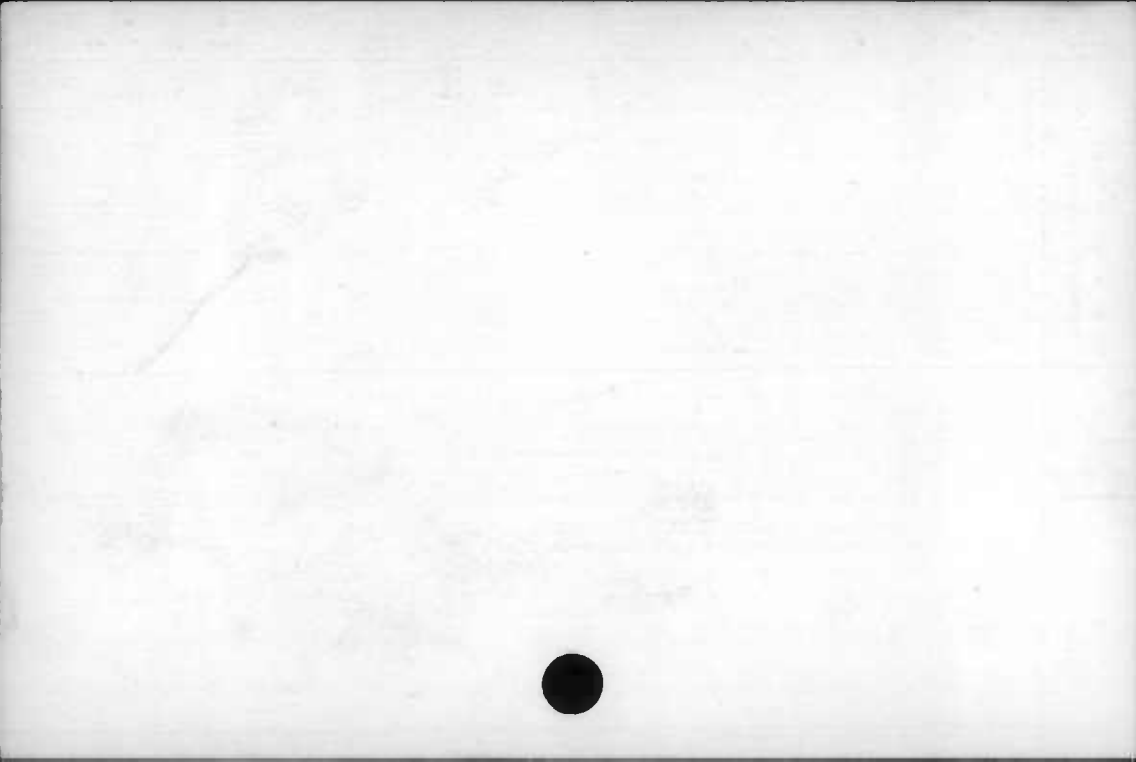
Address

*Saw this case a few days before death*

Accident or Suicide

*W. J. Adams*

*Greensboro, Md.*



Name  
in  
Full

*Batz Wheeler*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> <small>Town</small>		<i>Crossline</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>5</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Denton</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Dent Brown</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Ida Wheeler</i>			Mother's Birthplace <i>Crossline Co</i>		
Name of person giving information <i>Eloahy Wheeler</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

*8*

PHYSICIAN  
OR CORONER

Primary <i>Stut Brown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Wheeler</i>
	Address <i>Denton Md</i>
Accident or Suicide?	



Name in Full		Nellie R. Bright				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Smithville		County Caroline		MARYLAND		
	Date of death	1908	Month Dec	Day 18	Age 19	Months	Days	
	Sex	female		Color or Race	white		Birth-place	md
	Occupation	housewife			Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband John R. Bright				
	Father's Name	Wm. E. Bignutt				Father's Birthplace	md	
	Mother's Maiden Name	Eliza A. Bright				Mother's Birthplace	md	
Name of person giving information		W. E. Bignutt				How related to deceased	father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Child bed fever					How long	1 week
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	R. Kemp Jefferson
							Address	Federalburg md
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Sallie Zeigler* Town *Denton* County *Caroline* MARYLAND

Died at *Denton*

Date of death *1908* Month *12* Day *25* Age *15* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Caroline Co*

Occupation *School girl* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Daniel Zeigler* Father's Birthplace *Pd.*

Mother's Maiden Name *Kate Kney* Mother's Birthplace *Pd.*

Name of person giving Information *Daniel Zeigler* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Pneumonia* How long *1 week*

Immediate *Pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. M. Nichols*

Address *Denton Md.*

Accident or Suicide

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